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Image# 14941871015

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Us	e Only		
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼		ple: If typir the lines.	ng, type	12FE4	M5			
American Academy of F	amily Physicia	ns Political /	Action Co	ommittee					
ADDRESS (number and street)	1133 Connecticut Ave	enue, NW							
Check if different	Suite 1100								
than previously reported. (ACC)	Washington DC 20036 -								
2. FEC IDENTIFICATION NUM	//BER ▼	CITY 🛦		5	STATE A		ZIP CODE A		
C C00411553		3. IS THIS REPORT	\ /	IEW N) OR		AMENDED (A)			
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	_ n	May 20 (M5)	I A	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)		
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		lun 20 (M6)	-	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)		
April 15		Apr 20 (M4)	X	lul 20 (M7)		Oct 20 (M10)	Jan 31 (YE)		
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day		Primary (12P)	Gene	ral (12G)	Runoff (12R)		
October 15	Report for	the:	Convention (12C)	Spec	al (12S)			
Quarterly Report (Q3) January 31 Year-End Report (YE)		Election on	M = M /	D D /	Y I Y I Y	Y	in the State of		
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (300	i)	Runo	ff (30R)	Special (30S)		
Termination Report (TER)	Report for	Election on	M = M /	D D /	Y = Y = Y	Y	in the State of		
5. Covering Period 06	/ D D / Y 01	y y y 2014	through	06	30	/ Y Y 201	4		
certify that I have examined this	Report and to the b	est of my know	ledge and b	pelief it is tru	e, correct	and complet	e.		
Type or Print Name of Treasurer	Hugh M Taylor MD								
Signature of Treasurer Hugh M	A Taylor MD	[A	Electronically	<i>Filed]</i> D	ate 0	7 / 18	2014		
NOTE: Submission of false, erroneo	ous, or incomplete info	rmation may sub	ject the pers	son signing th	is Report	to the penaltie	es of 2 U.S.C. §437g.		
Office Use Only							FORM 3X ev. 12/2004		

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 06 01 2014 To: 06 30 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date					
6.	(a) Cash on Hand January 1, 2014		408793.60					
	(b) Cash on Hand at Beginning of Reporting Period	429768.92						
	(c) Total Receipts (from Line 19)	26445.43	280871.77					
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	456214.35	689665.37					
7.	Total Disbursements (from Line 31)	36322.37	269773.39					
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	419891.98	419891.98					
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00						
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00						

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
ntributions (other than loans) From:						
Individuals/Persons Other						
Than Political Committees		10010000				
(i) Itemized (use Schedule A)	17999.32	186486.62				
(ii) Unitemized	, , 8446.11	83402.67				
Lines 11(a)(i) and (ii)	, 26445.43	269889.29				
	0.00	0.00				
Other Political Committees (such as PACs)	0.00	0.00				
(****						
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26445.43	269889.29				
	0.00	0.00				
rty dominitées	0.00					
Loans Received	0.00	0.00				
an Repayments Received	0.00	0.00				
sets To Operating Expenditures		7				
efunds, Rebates, etc.)						
arry Totals to Line 37, page 5)	0.00	3482.48				
funds of Contributions Made						
Federal Candidates and Other						
litical Committees	0.00	7500.00				
ner Federal Receipts						
vidends, Interest, etc.)	0.00	0.00				
ansfers from Non-Federal and Levin Funds						
(from Schedule H3)	0.00	0.00				
	0.00	0.00				
Levin Funds (from Schedule H5)	0.00	0.00				
Total Transfers (add 18(a) and 18(b))	0.00	0.00				
	Than Political Committees (i) Itemized (use Schedule A)	Than Political Committees (i) Itemized (use Schedule A)				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Jaionaa Taarto-Data				
Activity (from Schedule H4)		0.00				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating						
Expenditures	822.37	4523.39				
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	822.37	4523.39				
. Transfers to Affiliated/Other Party						
Committees	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	35500.00	265200.00				
. Independent Expenditures	0.00	0.00				
(use Schedule E)						
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
. Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
(a) Individuals/Persons Other Than Political Committees	0.00	50.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees (such as PACs)	0.00	0.00				
(d) Total Contribution Refunds						
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	50.00				
(1111 1111 1111 1111 1111 1111 1111 1111 1111						
O. Other Disbursements	0.00	0.00				
. Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6) (i) Federal Share	0.00	0.00				
		222				
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add	200	222				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
. Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	36322.37	269773.39				
. Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	36322.37	269773.39				

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) III. Net Contributions/Operating Ex-

penditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

of Disbursements

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 26445.43 269889.29 0.00 50.00 26445.43 269839.29 4523.39 822.37 0.00 3482.48 822.37 1040.91

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		6	OF		35	
	(check only one)										
	X	11a		11b		11c		12	2		
		13		14		15		16	6		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than usin	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Julie Kay Anderson MD Mailing Address 2248 Chelmsford Ln		Date of Receipt
City Saint Cloud	State Zip Code MN 56301-9012	06 02 2014 Transaction ID : C2745539 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	265.00
Name of Employer St. Cloud Medical Group	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) 3. Justin V Bartos MD Mailing Address 4300 Cagle Dr	•	Date of Receipt
Ste 200	06 23 2014 Transaction ID : C2759198	
North Richland Hills	TX 76180-8380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	42.00
Name of Employer North Hills Family Medicine	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) C. Joane Goforth Baumer MD	<u> </u>	Date of Receipt
Mailing Address 910 Houston St Apt 701		06 21 2014
City Fort Worth	State Zip Code TX 76102-6224	Transaction ID : C2759125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	
SUBTOTAL of Receipts This Page (options	al)	412.00
TOTAL This Period (last page this line num	nber only)	

FOF	PAGE	=	7	OF		35				
(check only one)										
X	11a		11b		11c		12	2		
	13		14		15		16	6		17

Full Name (Last, First, Middle Initial) 4. Cindy Lee Behrens MD Mailing Address 2121 Windermere Cir City State Zip Code FL 32503-5872 FEC ID number of contributing tederal political committee. Name of Employer Sacred Heart Urgent Care Family Physician Receipt Primary General Other (specify) ▼ 250.00 FULL Name (Last, First, Middle Initial) 3. Salvatore Bernardo Md Bernardo MD Mailing Address 131 Pin Oak Rd City State Zip Code N. U 07728-9313 FEC ID number of contributing tederal political committee. Name of Employer Sold Freehold N. U 07728-9313 FEC ID number of contributing tederal political committee. Name of Employer Solf Family Physician Receipt For: Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) Receipt For: Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) Receipt For: Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) Receipt For: Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) Receipt For: Aggregate Year-to-Date ▼ 500.00 City State Zip Code TN 37664-2117 FEC ID number of contributing tederal political committee. City State Zip Code TN 37664-2117 Fec ID number of contributing tederal political committee. City State Zip Code TN 37664-2117 FEC ID number of contributing tederal political committee. City State Zip Code TN 37664-2117 Fec ID number of contributing tederal political committee. City State Zip Code TN 37664-2117 Fec ID number of contributing tederal political committee. City State Zip Code TN 37664-2117 Fec ID number of contributing tederal political committee. Aggregate Year-to-Date ▼ 500.00	NAME OF COMMITTEE (In Full)	the name and address of any political committee / Physicians Political Action Commi	
Agregate Year-to-Date ▼ City	American Academy of Family Full Name (Last, First, Middle Initial) Cindy Lee Behrens MD Mailing Address 2121 Windermere Cir City Pensacola FEC ID number of contributing federal political committee. Name of Employer Sacred Heart Urgent Care Receipt For: Primary General	FL 32503-5872 C Occupation Family Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 06 02 2014 Transaction ID : C2745530
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Reid B Blackwelder MD Mailing Address 4407 Leedy Rd City State Zip Code TN 37664-2117 FEC ID number of contributing federal political committee. Name of Employer ETSU Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M D D D D D D D D D D D D D D D D	Mailing Address 131 Pin Oak Rd City Freehold FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NJ 07728-9313 C Occupation	06 18 2014 Transaction ID : C2755960
Reid B Blackwelder MD Mailing Address 4407 Leedy Rd City Kingsport FEC ID number of contributing federal political committee. Name of Employer ETSU Receipt For: Primary Other (specify) ▼ Date of Receipt Transaction ID: C2754564 Amount of Each Receipt this Period 100.00	Receipt For: Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	Reid B Blackwelder MD Mailing Address 4407 Leedy Rd City Kingsport FEC ID number of contributing federal political committee. Name of Employer ETSU Receipt For: Primary General	TN 37664-2117 C Occupation Professor, Family Medicine Aggregate Year-to-Date ▼	06 14 2014 Transaction ID : C2754564
	SUBTOTAL of Receipts This Page (optional)	850.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	=	8	OF		35	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Lee Marvin Carter MD Date of Receipt Mailing Address PO BOX 506 30 2014 City Zip Code State Transaction ID : C2764859 TN Huntingdon 38344-0506 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Family Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Po-Shen Chang MD Date of Receipt Mailing Address 139 Monticello Dr 06 2014 11 City State Zip Code Transaction ID: C2753918 WA 98632-9522 Longview Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Name of Employer Occupation Northwest Permanente Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven A Crawford MD Date of Receipt Mailing Address 900 NE 10th St 2014 06 23 City Zip Code State Transaction ID: C2759199 OK Oklahoma City 73104-5420 Amount of Each Receipt this Period FEC ID number of contributing 416.66 С federal political committee.

SUBTOTAL of Receipts This Page (optional)		Ī		7	Ī		,	2	2516	5.66	
TOTAL This Period (last page this line number only)		_	_	7	_	_	,				

2499.96

Occupation
Physician Faculty

Aggregate Year-to-Date ▼

Name of Employer

Primary

Receipt For:

University of Oklahoma

Other (specify)

General

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		9	OF		35	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Physicians Political Action Committ	
Full Name (Last, First, Middle Initial) Gretchen M Dickson MD		Date of Receipt
Mailing Address 2227 N Stoneybrook Ct		06 18 2014
City Wichita	State Zip Code KS 67226-3617	Transaction ID : C2755969 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Univ. of Kansas School of Medicine Receipt For:	Occupation Family Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Sachin Narendra Dixit MD Mailing Address 1796 Concord Dr		Date of Receipt
City Glendale Heights	State Zip Code IL 60139-1899	06 02 2014 Transaction ID : C2745544 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Michael K Engelken MD		Date of Receipt
Mailing Address 7920 SW Indian Woods PI		06 16 _ 2014 _
City Topeka	State Zip Code KS 66615-1421	Transaction ID : C2755748 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		1115.00
TOTAL This Period (last page this line numbe	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER:	PAGE	10 OF	35
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	y Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Nanda D Filer MD		Date of Receipt
Mailing Address 510 Aqua Ct		06 28 2014
City York	State Zip Code PA 17403-3623	Transaction ID : C2764771 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Strategic Health Institute	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	
Full Name (Last, First, Middle Initial) Leslie A Foote MD Mailing Address 16103 Meridian Rd	·	Date of Receipt 06 19 2014
City Salinas	State Zip Code CA 93907-9140	Transaction ID : C2756907
FEC ID number of contributing federal political committee.	C 33301-3140	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) S. S Gay Freeman MD		Date of Receipt
Mailing Address 94 Morton Rd		06 07 2014 _
City South Chatham	State Zip Code MA 02659-1303	Transaction ID : C2750888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Family Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	
SUBTOTAL of Receipts This Page (optional	1)	1350.00
TOTAL This Period (last page this line num	bber only)	

FOF	R LINE	NU	MBER	:	PAGE	1	11	OF	35
(che	ck only	or	ne)						
X	11a		11b		11c		12	2	
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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) 1. James M Gill MD		Date of Receipt
Mailing Address 17 Henderson Hill Rd		06 06 2014
City	State Zip Code	Transaction ID : C2750324
Newark	DE 19711-5958	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	1
Family Medicine at Greenhill	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Olivia M Graves MD		Date of Receipt
Mailing Address 14150 Old Cutler Ro		06 02 _2014 _
City	State Zip Code	Transaction ID : C2745549
Palmetto Bay	FL 33158-1345	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	730.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	730.00	
Full Name (Last, First, Middle Initial) C. Michael H Hartsell MD		Date of Receipt
Mailing Address 1404 Tusculum Blvd MOB # 3 Suite 2100		06 02 2014
City	State Zip Code	Transaction ID : C2745561
Greeneville	TN 37745-4329	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	730.00
Name of Employer	Occupation	-
Summit Medical Group	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	730.00	
SUBTOTAL of Receipts This Page (optional).	>	1825.00
TOTAL This Period (last page this line numb	er only)	

FOR	LINE I	NUMBER	:	PAGE	•	12	OF	35
(chec	k only	one)						
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NAME OF COMMITTEE (In Full)	ing the name and address of any political committee	
Full Name (Last, First, Middle Initial)	ily Physicians Political Action Comm	
Carletta Hauck Mailing Address 3912 Golf Course Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2750197
Watertown	SD 57201-5412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	_
SD AFP	Exec Dir	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Richard Lee Hayes MD	1	Date of Receipt
Mailing Address 1300 Braden St		M = M / D = D / Y = Y = Y
City	State Zin Code	06 11 2014
City Jacksonville	State Zip Code AR 72076-3719	Transaction ID : C2753903
	72010-3119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) Daniel J Heinemann MD		Date of Receipt
Mailing Address 1305 W 18th St		06 06 2014
City	State Zip Code	Transaction ID : C2750718
Sioux Falls	SD 57105-0401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Sioux Valley Health Systems	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1200.00	
SUBTOTAL of Receipts This Page (option	nal)	725.00
	·	
TOTAL This Period (last page this line nu	imber only)	1

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(check	only or	ne)						
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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Comm	
Full Name (Last, First, Middle Initial) Brian Lee Holmes MD Mailing Address 1111 N Brady St Ste B City Abilene FEC ID number of contributing federal political committee.	State Zip Code KS 67410-1804	Date of Receipt 06 18 2014 Transaction ID : C2755967 Amount of Each Receipt this Period 365.00
Name of Employer Family Care Clinic, LLP Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) James S Irwin MD Mailing Address 112 5Th Ave W Family Care Physicians, P City Jerome FEC ID number of contributing federal political committee. Name of Employer Family Care Physicians Receipt For: Primary General Other (specify)	A. State Zip Code ID 83338-1825 C Occupation Family Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Donald Leland Ives MD Mailing Address PO BOX 440 City Ester FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State Zip Code AK 99725-0440 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt M M C 2014 Transaction ID: C2754615 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	_	915.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE	NUI	MBER	:	PAGE	•	14	OF	35
(che	ck only	on	e)						
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	13		14		15		16		17

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Melissa Jefferis MD		Date of Receipt
Mailing Address 1142 Worthington Woods E	Blvd	06 30 2014
City	State Zip Code	Transaction ID : C2766695
Columbus	OH 43085-1567	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	370.00	
Full Name (Last, First, Middle Initial) 3. Jessica Johnson		Date of Receipt
Mailing Address 5933 SW Hood Ave		06 09 2014
City	State Zip Code	Transaction ID: C2750959
Portland	OR 97239-3718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer	Occupation	
OHSU	Resident	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Bradon Y Kimura MD		Date of Receipt
Mailing Address PO Box 497		06 30 _ 2014 _
City	State Zip Code	Transaction ID : C2766696
Kealakekua	HI 96750-0497	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		905.00
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full)	he name and address of any political committee Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Gregory King MD Mailing Address 1120 Vail Rd City Bennington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify)	State Zip Code VT 05201-9597 C Occupation Family Physician Aggregate Year-to-Date 380.00	Date of Receipt 06 25 2014 Transaction ID : C2761350 Amount of Each Receipt this Period 55.00
Full Name (Last, First, Middle Initial) Rakesh Koul MD Mailing Address 63 Wilson Ave City Westbury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 11590-2114 C Occupation Family Physician Aggregate Year-to-Date ▼ 430.00	Date of Receipt 06 18 2014 Transaction ID : C2755962 Amount of Each Receipt this Period 430.00
Full Name (Last, First, Middle Initial) Richard Lord Jr Md Lord MD Mailing Address 634 N Spring St City Winston Salem FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) General Other (specify)	State Zip Code NC 27101-1327 C Occupation Family Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 06 08 2014 Transaction ID : C2750913 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		585.00

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Full Name (Last, First, Middle Initial) Jesus A Manteca-Elias MD Mailing Address 1832 Weeg Way City Park Ridge FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ City Park Ridge C C Occupation Family Physician Aggregate Year-to-Date ▼ City Lake Tapps FC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify) ▼ City Aggregate Year-to-Date ▼ City Lake Tapps FC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Amy Kristen McIntyre MD	Date of Receipt M
Park Ridge FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Kevin B Martin MD Mailing Address 2903 219th Ave E City Lake Tapps FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cuty Cuty State Zip Code WA 98391-5634 Cuty Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	Transaction ID : C2764844 Amount of Each Receipt this Period 365.00 Date of Receipt M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Kevin B Martin MD Mailing Address 2903 219th Ave E City Lake Tapps FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cuty Cuty State Zip Code WA 98391-5634 Cuty Cuty Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	Amount of Each Receipt this Period 365.00 Date of Receipt M M M / D J J J J J J J J J J J J J J J J J J
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ City Lake Tapps FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Occupation Family Physician Aggregate Year-to-Date ▼ State Zip Code WA 98391-5634 C C Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	Date of Receipt 06 14 2014 Transaction ID: C2754563
Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Kevin B Martin MD Mailing Address 2903 219th Ave E City Lake Tapps WA 98391-5634 FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Pamily Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	06 14 2014 Transaction ID : C2754563
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Kevin B Martin MD Mailing Address 2903 219th Ave E City Lake Tapps WA 98391-5634 FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	06 14 2014 Transaction ID : C2754563
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kevin B Martin MD Mailing Address 2903 219th Ave E City State Zip Code Lake Tapps WA 98391-5634 FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	06 14 2014 Transaction ID : C2754563
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kevin B Martin MD Mailing Address 2903 219th Ave E City State Zip Code Lake Tapps WA 98391-5634 FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	06 14 2014 Transaction ID : C2754563
Mailing Address 2903 219th Ave E City State Zip Code Lake Tapps WA 98391-5634 FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	06 14 2014 Transaction ID : C2754563
City State Zip Code Lake Tapps WA 98391-5634 FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	06 14 2014 Transaction ID : C2754563
Lake Tapps WA 98391-5634 FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	Transaction ID : C2754563
Lake Tapps WA 98391-5634 FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	
FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	Amount of Lacif necespt tills relica
Name of Employer Life Care Physician Services Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	
Life Care Physician Services Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 Full Name (Last, First, Middle Initial)	50.00
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 Full Name (Last, First, Middle Initial)	
Primary General Other (specify) ▼ General 300.00 Full Name (Last, First, Middle Initial)	
	Date of Receipt
Mailing Address 1140 W Diamond St	06 28 2014
City State Zip Code	Transaction ID : C2764769
Butte MT 59701-1404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	36.50
Name of Employer Occupation	
Butte Community Health Center Family Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 219.00	
SUBTOTAL of Receipts This Page (optional)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) John S Meigs MD Mailing Address PO Box 289 100 Serendipity Dr City Brent FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AL 35034-0289 C Occupation Family Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 06 02 2014 Transaction ID : C2745557 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) John S Meigs MD Mailing Address PO Box 289 100 Serendipity Dr City Brent FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AL 35034-0289 C Occupation Family Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 06 11 2014 Transaction ID : C2753897 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) John S Meigs MD Mailing Address PO Box 289 100 Serendipity Dr City Brent FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AL 35034-0289 C Occupation Family Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 06 18 2014 Transaction ID : C2755965 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)	>	100.00

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) A. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289		M = M / D = D / Y = Y = Y
100 Serendipity Dr		06 30 2014
City	State Zip Code	Transaction ID : C2764899
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	+
Self Employed	Family Physician	
Receipt For:		7
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) 3. Anne M Montgomery MD		Date of Receipt
Mailing Address 44818 Oro Grande Cir		06 27 _2014 _
City	State Zip Code	Transaction ID : C2764023
Indian Wells	CA 92210-7411	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	
Eisenhower Medical Associates	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Dale C Moquist MD		Date of Receipt
Mailing Address 4318 Lake Walk Ct		06 09 2014
City	State Zip Code	Transaction ID : C2750958
Missouri City	TX 77459-3268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.66
Name of Employer	Occupation	-
Retired	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	549.96	
SUBTOTAL of Receipts This Page (optional)		366.66
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
,	State Zip Code NJ 08820-1117 C Occupation Family Physician Aggregate Year-to-Date 365.00	Date of Receipt 06 18 2014 Transaction ID: C2755958 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Carl Raymond Olden MD Mailing Address 311 S 72nd Ave	'	Date of Receipt
City Yakima FEC ID number of contributing federal political committee.	State Zip Code WA 98908-1661	06 19 2014 Transaction ID : C2756950 Amount of Each Receipt this Period 365.00
Name of Employer Pacific Crest Family Medicine Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Beth Loney Oller MD Mailing Address 304 N 1st St City Stockton FEC ID number of contributing federal political committee. Name of Employer Solomon Valley Family Medicineself Receipt For: Primary General Other (specify)	State Zip Code KS 67669-1604 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1095.00
TOTAL This Period (last page this line numb	per only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Michael Austin Oller MD		Date of Receipt
Mailing Address 304 N 1st St		06 23 2014
City	State Zip Code KS 67669-1604	Transaction ID: C2759297
Stockton	KS 67669-1604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Solomon Valley Family Medicineself	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) 3. Javette C Orgain MD		Date of Receipt
Mailing Address PO Box 806527		06 24 2014
Chicago	State Zip Code IL 60680-4126	Transaction ID : C2760162
Chicago	IL 60680-4126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	187.50
Name of Employer	Occupation	
Self-Employed	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	
Full Name (Last, First, Middle Initial) Ellen S Reinheimer MD		Date of Receipt
Mailing Address 20 Earlwoode Dr		06 11 2014
City White Plains	State Zip Code NY 10606-3902	Transaction ID : C2753906 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	850.00
Name of Employer	Occupation	
West Med Medical Group	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	850.00	
SUBTOTAL of Receipts This Page (optional).		1402.50
TOTAL This Period (last page this line number	er only)	

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	ng the name and address of any political committee to	
, ,	ly Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Elisabeth L Righter MD		Date of Receipt
Mailing Address 267 Park Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2764770
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Ralph Nichols Riley MD		Date of Receipt
Mailing Address PO Box 248		M = M / D = D / Y = Y = Y
109 Alamo Circle	Chale To Call	06 11 2014
City	State Zip Code SC 29138-0248	Transaction ID : C2753895
Saluda	SC 29138-0248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Riley Family Practice Associates, PA	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Robert R Rodak DO	I	Date of Receipt
Mailing Address 6445 Pepper Ct		06 11 2014
City	State Zip Code	Transaction ID : C2753922
Erie	PA 16505-2673	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (option	al)	1465.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jeannine M Rodems MD Date of Receipt Mailing Address 15 Suncrest Dr 2014 29 City State Zip Code Transaction ID: C2764834 CA Soquel 95073-9709 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Family Physician Palo Alto Medical Foundation Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Flora F Sadri-Azarbayejani DO Date of Receipt Mailing Address 427 S Mountain Rd 06 2014 19 City State Zip Code Transaction ID: C2756906 Northfield MA 01360-9684 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. George Wm Shannon MD Date of Receipt Mailing Address 2301 Slate Dr 30 2014 06 City Zip Code State Transaction ID: C2764862 GA Columbus 31906-1443 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Family Physician Horizons Diagostics

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400.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

Other (specify)

Other (specify)

General

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Windel A Stracener MD Date of Receipt Mailing Address 1333 Hunters Pointe Dr 06 2014 City Zip Code State Transaction ID: C2750196 Richmond IN 47374-7184 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Glen R Stream MD Date of Receipt Mailing Address 44818 Oro Grande Cir 30 2014 06 City State Zip Code Transaction ID: C2764861 Indian Wells CA 92210-7411 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Eisenhower Medical Center Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

Full Name (Last, First, Middle Initial) c. Raja Talati MD Date of Receipt Mailing Address 805 SW Classico Ct 2014 06 26 City State Zip Code Transaction ID: C2762243 FL Port Saint Lucie 34986-2338 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary

1000.00

250.00

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full)	Dhuaisiana Dalland A. a	
/ American Academy of Family F	Physicians Political Action Committee	ee
Full Name (Last, First, Middle Initial) A. Michelle A Turner MD		Date of Receipt
Mailing Address PO Box 287		M = M / D = D / Y = Y = Y
2903 N Broadway Ave	-	06 16 2014
City	State Zip Code	Transaction ID : C2754616
Miller	SD 57362-0287	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Carl Vance Tyler Jr		Date of Receipt
Mailing Address 18200 Lorain Ave		M = M / D = D / Y = Y = Y
		06 11 2014
City	State Zip Code	Transaction ID : C2753900
Cleveland	OH 44111-5605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) C. Lloyd P Van Winkle MD		Date of Receipt
Mailing Address PO Box 960		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : C2760161
Castroville	TX 78009-0960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional)		360.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Marie Pauroso Vitale MD		Date of Receipt
Mailing Address 968 Mapleton Ave		06 30 2014
City Suffield	State Zip Code CT 06078-1331	Transaction ID : C2764898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Dean Angela Weldon MD		Date of Receipt
Mailing Address 288 SW Judson Dr		06 11 2014
City Oak Harbor	State Zip Code WA 98277-5800	Transaction ID : C2753911 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer PhyAmerica and US Navy	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Richard Andre Wherry MD		Date of Receipt
Mailing Address 59 Tipton Dr		06 05 2014
City Dahlonega	State Zip Code GA 30533-1603	Transaction ID : C2749916 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Chestatee Regional Hospital	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)	>	570.00
	per only)	17999.32

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SCHEDULE B (FEC Form 3X)				FOR LIN	E NUMBER	:	PAGE	26 C	OF 35
ITEMIZED	DISBURSEMENTS	Use separate schedu for each category of		(check or	nly one)				
		Detailed Summary Pa		X 211		23	24	25	26
				27	28a	28b	28c	29	30b
	copied from such Reports and Stater ial purposes, other than using the nar								
NAME OF C	COMMITTEE (In Full)								
America	n Academy of Family Phys	sicians Political A	Action	Comm	ittee				
_ ,	Last, First, Middle Initial)								
A. America	n Express				Date o	f Disburser		YY	Y
Mailing Addr	ess PO Box 53852				06	02		2014	
City		State Zip Code			Trans	saction ID :	D159447		
Phoenix	Dishurasmant	AZ 85072-385	52				2.001		
Bank card p	Disbursement processing fee				Amoun	t of Each [Disburseme	nt this F	Period
Candidate N				Category/ Type		- 7	. ,	15	5.98
Office Sough		ment For:							
	Senate	Primary Gene	ral						
State:	President District:	Other (specify) ▼							
	Last, First, Middle Initial)								
B. America					Date o	f Disburser	nent		
Amenda	III Express				M M	/ D I		Y Y	Y
Mailing Addr	ess PO Box 53852				06	03		2014	
City Phoenix		State Zip Code AZ 85072-385	FO		Trans	saction ID :	: D159448		
	Disbursement	AZ 65072-360	52						
Bank card p	processing fee				Amoun	t of Each [Disburseme	nt this F	Period
Candidate N	ame			Category/					. 05
				Type			- 7	3	3.25
Office Sough		ment For:							
	Senate	Primary Gene	ral						
State:	President District:	Other (specify) ▼							
Full Name (I	Last, First, Middle Initial)								
C. America	n Express				Date o	f Disburser	nent		
					M = M	/ D I		Y Y	Y
Mailing Addr	ess PO Box 53852				06	09		2014	
City		State Zip Code			_				
Phoenix		AZ 85072-385	52		Trans	saction ID :	D159449		
	Disbursement processing fee								
Candidate N	<u> </u>		L		Amoun	t of Each [Disburseme	nt this F	eriod
Candidate N	ame			Category/ Type				1	.63
Office Sough	nt: House Disburse	ment For:		Type	-	7			
	Senate	Primary Gene	ral						
	President	Other (specify) ▼							
State:	District:	· 							
	·							_	
SUBTOTAL of	Disbursements This Page (optional)							20	.86
TOTAL This P	eriod (last page this line number only))		·····•			-		

SCHEDULE B (FEC Form 3X)						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	X 21b	22 23	24 25 26		
[<u> </u>	27	28a 28b	28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or use me and address of any politica	ed by any perso al committee to	on for the purpose of s solicit contributions fro	oliciting contributions m such committee.		
NAME OF COMMITTEE (In Full)		_				
American Academy of Family Phy	sicians Political Actio	n Committ	ee			
Full Name (Last, First, Middle Initial)						
A. American Express			Date of Disburseme	nt / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO Box 53852			06 10	2014		
City	State Zip Code		Transaction ID : D	159450		
Phoenix Purpose of Disbursement	AZ 85072-3852					
Bank card processing fee			Amount of Each Dis	bursement this Period		
Candidate Name		Category/ Type		9.75		
	ment For:					
Senate	Primary General					
State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)						
B. American Express			Date of Disburseme	nt		
- American Express			M M / D D	/ Y Y Y Y		
Mailing Address PO Box 53852			06 12	2014		
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D	159451		
Purpose of Disbursement Bank card processing fee			Amount of Each Dis	bursement this Period		
Candidate Name		Category/				
		Type		3.25		
Office Sought: House Disburse	ment For:					
Senate	Primary General					
State: President District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. American Express			Date of Disburseme	nt		
Mailing Address DO Day 52052			06 13	2014		
Mailing Address PO Box 53852			00 13	2014		
City	State Zip Code		Transaction ID : D	150452		
Phoenix	AZ 85072-3852		Transaction ID : D	133432		
Purpose of Disbursement Bank card processing fee						
Candidate Name		Category/	Amount of Each Dis	bursement this Period 3.97		
Office Sought: House Disburse	ement For:	Туре	7	7		
Senate Dispurse	Primary General					
President	Other (specify)					
State: District:	1 (1 3) 4					
<u> </u>						
SUBTOTAL of Disbursements This Page (optional).				16.97		
3 (41.1.4.4)						
TOTAL This Period (last page this line number only	r)	·····				

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 28 OF						OF 35				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only	one)					¬	
			Summary Page		×	21b	22		23 20h	2		25	26
_						27	28a		28b		Вс	29	30
Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the name	nents may r ne and addr	not be sold or us ress of any politi	sed by cal con	any nmitt	perso tee to	n for the solicit co	purp ntribu	ose o	f solic	iting c	ontribu	itions tee.
	NAME OF COMMITTEE (In Full)												
	American Academy of Family Phys	icians P	Political Action	on C	om	mitte	ee						
_	Full Name (Last, First, Middle Initial)												
Α.	American Express						Date of	_	ourse			ΥΥΥ	Υ
	Mailing Address PO Box 53852						06	_	16	5		2014	
	,	State	Zip Code				Trans	sactio	n ID	D159	9453		
	Phoenix Purpose of Disbursement	AZ	85072-3852										
	Bank card processing fee				Ξ		Amoun	t of E	ach	Disbur	semer	nt this	Period
	Candidate Name				egory ype	y/					, .	1	1.86
	Office Sought: House Disbursen Senate	nent For: Primary	General										
	President State: District:	Other (spec	cify) 🔻										
_	Full Name (Last, First, Middle Initial)												
В.	American Express						Date of	f Dist					
	Mailing Address PO Box 53852						06		18	_		2014	Y
	Phoenix	State AZ	Zip Code 85072-3852				Trans	sactio	on ID	: D159	9454		
	Purpose of Disbursement Bank card processing fee			\Box			Amoun	t of E	ach	Disbur	semer	nt this	Period
	Candidate Name				egory ype	y/					,		3.25
		nent For: Primary Other (spec	General cify) ▼										
_	Full Name (Last, First, Middle Initial)												
C.	American Express						Date of	f Disk	ourse		Υ	YY	Y
	Mailing Address PO Box 53852						06		20)		2014	
		State AZ	Zip Code 85072-3852				Trans	sactio	on ID	: D159	9455		
	Purpose of Disbursement Bank card processing fee			Ε.	-	\neg	Amoun	+ of F	-oob I	Diahum		at thic	Daviad
	Candidate Name				egory	y/	Amoun	LOIL	acii	DISDUI	Seme	-	1.86
	Office Sought: House Disbursen	nent For:	I		-	$\overline{}$,		
		Primary	General										
		Other (spec	cify) 🔻										
	State: District:												
H	COTAL This Period (last page this line number only)					_				-	,	20	6.97

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 29 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)				
	Detailed Summary Page	X 21b	22 23	24 25 26			
[1	27	28a 28b	28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or use me and address of any politic	ed by any perso al committee to	on for the purpose of solicit contributions fro	on such committee.			
NAME OF COMMITTEE (In Full)							
American Academy of Family Phy	sicians Political Actio	on Committ	ee				
Full Name (Last, First, Middle Initial)			D : (D:)				
A. American Express			Date of Disburseme	nt			
Mailing Address PO Box 53852			06 27	2014			
City	State Zip Code		Transaction ID : D	159456			
Phoenix Purpose of Disbursement	AZ 85072-3852		Transaction is . B	100400			
Bank card processing fee			Amount of Each Dis	sbursement this Period			
Candidate Name		Category/ Type		1.37			
	ement For:						
Senate	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial) B. American Express			Date of Disburseme	nt			
2. American Express			M M / D D	/ Y Y Y Y			
Mailing Address PO Box 53852			06 30	2014			
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D	159457			
Purpose of Disbursement Bank card processing fee			Amount of Each Dis	sbursement this Period			
Candidate Name		Category/					
		Type		7.95			
Office Sought: House Disburse	ement For:						
Senate	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. American Express			Date of Disburseme				
Mailing Address PO Box 53852			06 30	2014			
Ividiling Address PO BOX 53652			00 30	2014			
City	State Zip Code		Transaction ID : D	ME0450			
Phoenix	AZ 85072-3852		Transaction ID : D	7139436			
Purpose of Disbursement Bank card processing fee							
Candidate Name		Category/	Amount of Each Dis	bursement this Period 6.09			
Office Cought		Туре		0.00			
Office Sought: House Disburse Senate	ement For: Primary General						
President	Other (specify)						
State: District:							
SUBTOTAL of Disbursements This Page (optional)				15.41			
TOTAL This Period (last page this line number only	<i>r</i>)			7			

S 17

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 30 OF	35
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBEN.	ار ار
	for each category of the Detailed Summary Page	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	22 23 24 25	26
		27	28a 28b 28c 29	30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	ents may not be sold or use e and address of any politica	d by any perso	on for the purpose of soliciting contribution solicit contributions from such committee.	S
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,			
American Academy of Family Phys	icians Political Action	n Committ	ee	
Full Name (Last, First, Middle Initial)				
A. Bank Of America Merchant Service	S		Date of Disbursement	1
Mailing Address WA2-505-01-40 PO Box 2485			06 02 2014	
,	tate Zip Code WA 99210-2485		Transaction ID: D159239	
Spokane Purpose of Disbursement	WA 99210-2485			
Bank card processing fee			Amount of Each Disbursement this Peri	iod
Candidate Name		Category/		
		Type	742.16	
Office Sought: House Disbursem				
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B.			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
City	tate Zip Code			
Purpose of Disbursement			Amount of Each Disbursement this Peri	iod
Candidate Name		Category/		
		Type		_
	ent For: Primary General Other (specify) The state of the state o			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disbursement	
Mailing Address			M M M / D D / Y M Y M Y M Y	
City	tate Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Disbursement this Peri	iod
Office Sought: House Disbursem	ent For:			
	Primary General			
	Other (specify) ▼			
State: District:				
			742.16	
SUBTOTAL of Disbursements This Page (optional)		·····•	742.10	
TOTAL This Period (last page this line number only).			822.37	

SCHEDULE B (FEC Form		FOR LIN	NE NUMBER: PAGE 31 OF 35
ITEMIZED DISBURSEMENT	Use separate sch	nedule(s) (check o	only one)
	Detailed Summar		
Any information conicd from such Description	a and Statements may not be a		
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Far	mily Physicians Politica	al Action Comm	nittee
Full Name (Last, First, Middle Initial)	_		Data of Dishuras mant
A. BOEHNER FOR SPEAKE	R		Date of Disbursement
Mailing Address 320 1st St SE			06 18 2014
City	State Zip Co	ode	Transaction ID : D159075
Washington Purpose of Disbursement	DC 20003	I-1838	Transaction ib . 5133073
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Office Sought: House	Disbursement For: 2014		
Senate		ieneral	
State: President District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. GRASSROOTS ORGANIZING	G ACTING & LEADING PA	AC - GOALPAC	Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 30344			06 18 2014
City Bethesda	State Zip Co MD 20824	ode I-0344	Transaction ID: D159069
Purpose of Disbursement Cajmpaign contribution			Amount of Each Disbursement this Period
Candidate Name		Cotogony	Allieum of Each Bloodisoniem and Folioc
		Category/ Type	2500.00
Office Sought: House	Disbursement For:	'	
Senate		ieneral	
State: President District:	Other (specify)		
Full Name (Last, First, Middle Initial)	ı		
C. OFF THE SIDELINES PA	C		Date of Disbursement
Mailing Address SOF D			M M / D D / Y Y Y Y Y
Mailing Address 895 Broadway FI 5			06 18 2014
City	State Zip Co	ode	Transaction ID : D159077
New York	NY 10003	-1226	- Hansaction i
Purpose of Disbursement Campaign contribution			1
Candidate Name		Category/	Amount of Each Disbursement this Period
		Type	5000.00
Office Sought: House	Disbursement For:		
Senate		ieneral	
State: President District:	Other (specify)		
District.			
SUBTOTAL of Disbursements This Page	e (optional)		10000.00
	,		
TOTAL This Period (last page this line i	number only)	······	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 32 OF 35
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Benevic and City	onte may not be cold or		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	icians Political Action	on Committ	ee
Full Name (Last, First, Middle Initial)			Data of Dishamanant
A. ORRINPAC			Date of Disbursement
Mailing Address 175 S. WEST TEMPLE SUITE 650			06 18 2014
•	State Zip Code		Transaction ID : D159079
SALT LAKE CITY Purpose of Disbursement	UT 84101		Transaction is . Stoop's
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
		Туре	2500.00
Office Sought: House Disburser Senate	nent For: Primary General		
President	Other (specify)		
State: District:	(1 · 3) ▼		
Full Name (Last, First, Middle Initial)			
B. BARBARA LEE FOR CONGRESS			Date of Disbursement
Mailing Address 1736 Franklin Street #550			06 18 2014
City	State Zip Code		Tananasian ID D450070
Oakland	CA 94612		Transaction ID : D159072
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Cotogoriu	Amount of Each Dispulsement this relieu
Rep. Barbara Lee		Category/ Type	1000.00
Office Sought: House Disbursen	nent For: 2014		
	Primary General		
<u></u>	Other (specify) ▼		
State: CA District: 09 Full Name (Last, First, Middle Initial)			
C. PASCRELL FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 640			06 18 2014
City	State Zip Code		Transaction ID : D150074
Totowa	NJ 07511		Transaction ID: D159074
Purpose of Disbursement Campaign contribution			
Candidate Name			Amount of Each Disbursement this Period
Rep. Bill Pascrell Jr.		Category/ Type	2500.00
	nent For: 2014	71	
Senate	Primary General		
President	Other (specify) ▼		
State: NJ District: 08			
SURTOTAL of Dishursements This Page (entional)			6000.00
SUBTOTAL of Disbursements This Page (optional)		·····	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Llos conorete cabadala/a	FOR LINE		PAGE 33 OF 35
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orleast orliny		
	Detailed Summary Page	21b	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Staten	nents may not be sold or u			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
$ \; angle$ American Academy of Family Phys	icians Political Acti	on Committ	ee	
Full Name (Look First Middle Initial)				
Full Name (Last, First, Middle Initial) A. BENISHEK FOR CONGRESS, INC			Date of Disbursen	nent
DEMOLER FOR CONGRESS, INC	J.		M M / D I	
Mailing Address PO BOX 2012			06 18	
01				
City S KINGSFORD	State Zip Code MI 49802		Transaction ID :	D159076
Purpose of Disbursement				
Campaign contribution			Amount of Each D	Disbursement this Period
Candidate Name		Category/		2500.00
Rep. Dan Benishek		Type		2500.00
	nent For: 2014 Primary General			
President	Other (specify)			
State: MI District: 01	- \-			
Full Name (Last, First, Middle Initial)				
B. WHITFIELD FOR CONGRESS CO	MMITTEE		Date of Disbursen	nent
AA-Too Address = 5 = 5 ·			M M / D I	
Mailing Address P.O. BOX 391			06 18	2014
City	State Zip Code		Transaction ID	D450070
HOPKINSVILLE	KY 42241		Transaction ID :	טיט9טיט
Purpose of Disbursement Campaign contribution			Amount of Foch	Dishuraamant this Davis -
Candidate Name		البياا	Amount of Each L	Disbursement this Period
Rep. Edward Whitfield		Category/ Type		1000.00
•	nent For: 2014	.,,,,,	,	,
	Primary			
<u> </u>	Other (specify) ▼			
State: KY District: 01				
Full Name (Last, First, Middle Initial)			Date of Disbursen	nent
c. DOGGETT FOR US CONGRESS			M M / D E	
Mailing Address PO Box 5843			06 18	
	_			
•	State Zip Code TX 78763		Transaction ID :	D159073
Austin Purpose of Disbursement	TX 78763			
Campaign contribution			Amount of Each D	Disbursement this Period
Candidate Name		Category/		
Rep. Lloyd Doggett		Туре		2500.00
	nent For: 2014			
Senate President	Primary			
State: TX District: 25	Other (specify)			
20 20				
SUBTOTAL of Disbursements This Page (optional)				6000.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 34 OF 35
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political Action	Committe	ee
Full Name (Last, First, Middle Initial) A. NITA LOWEY FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 271			06 18 2014
White Plains	State Zip Code NY 10605		Transaction ID : D159078
Purpose of Disbursement Campaign contribution Candidate Name			Amount of Each Disbursement this Period
Rep. Nita M. Lowey	nent For: 2014	Category/ Type	1000.00
	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER Mailing Address 509 MADISON AVE SUITE 1902			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S	State Zip Code NY 10022		Transaction ID : D159067
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name Sen. Charles E. Schumer		Category/ Type	2500.00
	nent For: 2014 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO			Date of Disbursement
Mailing Address PO BOX 52008			06 18 2014
CASPER	State Zip Code WY 82605		Transaction ID : D159071
Purpose of Disbursement Campaign contribution Candidate Name			Amount of Each Disbursement this Period
Sen. John Barrasso	nent For: 2018 Primary General Other (specify)	Category/ Type	2500.00
State: WY District: 00	•		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 35 OF 35
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Page	e(s) (check only	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar		r used by any pers	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	· ·		
American Academy of Family Phys	sicians Political A	ction Commit	tee
Full Name (Last, First, Middle Initial)			
A. PEOPLE FOR PATTY MURRAY			Date of Disbursement
Mailing Address PO BOX 3662	7: 0		06 18 2014
SEATTLE	State Zip Code WA 98124		Transaction ID : D159068
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name Sen. Patty Murray		Category/ Type	2500.00
	ment For: 2014 Primary Genera Other (specify) ▼	- 1	
State: WA District: 00 Full Name (Last, First, Middle Initial)			
B. TUESDAY GROUP POLITICAL A	CTION COMMITT	ΓEE	Date of Disbursement
Mailing Address PO Box 11586			06 18 2014
City Washington	State Zip Code DC 20008-0786	6	Transaction ID : D159080
Purpose of Disbursement Campaiogn contribution		T	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Senate President	ment For: Primary Genera Other (specify)	al	
State: District: Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	Amount of Each Dispulsement this remov
Senate President	ment For: Primary Genera Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····•	7500.00
TOTAL This Period (last page this line number only))		35500.00